

HOME BASED BUSINESS PERMIT APPLICATION

(NO IMPACT OR MINOR IMPACT)

In accordance with Chapter 24 of the City Code

Submission Date _____
 Zoning Approval (Initials) _____
 Final Approval (Initials) _____
☐ Conditions: See reverse side
 Permit No. _____
 Expiration Date: Dec. 31, _____
☐ Fee Paid: \$20
 Receipt No. _____

Please print clearly

☐ Mr. ☐ Mrs. ☐ Ms.

Name _____ Telephone Number _____

Name of Business _____ Telephone Number _____

Address _____

Type of Business _____

Names of employees (including applicant)

1. Indicate the type of permit you are applying for:

☐ **NO IMPACT**

- ◆ All employees live at residence.
- ◆ No more than five (5) deliveries or visits per week.
- ◆ No discernible adverse impact upon adjacent properties or the neighborhood.

☐ **MINOR IMPACT**

- ◆ Not more than one (1) nonresident employee.
- ◆ A maximum of seven (7) deliveries per week.
- ◆ No more than twenty (20) visits per week.
- ◆ No discernible adverse impact upon adjacent properties or the neighborhood.
- ◆ **\$20 Fee required.**

2. How many business related visitors do you anticipate per week? _____

3. Is there off-street parking available for visitors? ☐ Yes ☐ No Number of spaces _____

4. Will a vehicle be parked at the premises that is connected with the home based business? ☐ Yes ☐ No
 If so, please provide vehicle's make, model, and registration number: _____

5. Will materials or supplies that are connected with the business be stored on the premises? ☐ Yes ☐ No
 If so, what kind, how much, and where will they be stored?

6. What equipment (either office or industrial) will be used on the premises in the connection with the home based business?

7. Will there be a sign identifying the home based business? ☐ Yes ☐ No
 If so, a **separate sign permit application must be submitted.**

8. Attach Community Association approval (if applicable).

I, the applicant, do hereby certify that I have read and examined this application and know the same to be true and correct, and that I have read and understood the attached ordinance No. O-3-85, and will comply with all City of Gaithersburg laws covering home based businesses. If there are any complaints received by the City of Gaithersburg due to this home based business, then, upon order of the City, I will cease and desist the home based business immediately.

Applicant's Signature _____

Date _____

FOR OFFICE USE ONLY

CONDITIONS (if any) _____

REASON FOR DENIAL (if applicable) _____

INSPECTION

Date _____ Time _____

Approved by _____ Date _____

INSPECTOR'S COMMENTS:This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.